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IV. PORTABLE INFORMATION (continued)

Does facility operate year round? ☐ YES ☒ NO
If no, indicate months of operation (circle all that apply): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Other periodic operation: **Temporary operation during construction period between Sept. 2004-August 2005**
Indicate typical annual quantity of product produced using codes from the instructions.
Crushed Rock 300,000 cu yards Hot Mix Asphalt N/A _____ Concrete 35,000 cu yards

V. APPLICATION TYPE:

- ☒ **New Permit**
☒ **New facility**
Or
☐ **Existing Facility**
☐ **Permit Change** - Permit Number WAG-50-_____ Describe change:

☐ **Permit Renewal** Permit Number WAG-50-_____

VI. SEPA Determination

Type of SEPA Determination: ☐ DNS ☒ DS ☐ Mitigated DNS

VII. CERTIFICATION BY PERMITTEE

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Printed Name of Person Signing Below

Title

Signature of Applicant

Date Applicant Signed

NOTE: Federal regulations require this application to be signed as follows: A.) For corporation, by a principal executive officer of at least the level of vice president; B.) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C.) For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

If you require this document in an alternate format, please contact the Water Quality Program at 360-407-6401 (Voice) or 711 or 1-800-833-6388 (TTY).